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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration submitted with initial filing

Declaration Submitted after initial Filing (surcharge 37 CFR 1.16 (e)) required)

Attorney Docket Number	PCS10348APM
First Named Inventor	Susan Dobbs
<b>COMPLETE IF KNOWN</b>	
Application Number	To be assigned
Filing Date	Herewith
Group Art Unit	To be assigned
Examiner Name	To be assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ASSAY METHOD

*(Title of the invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
0000661.9	Great Britain	01/12/2000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0000663.5	Great Britain	01/12/2000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0000659.3	Great Britain	01/12/2000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>

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**DECLARATION ---- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, filed by me and, if earlier, at the earliest priority of each, of the claims of which priority is now pending in the prior United States or PCT international application. In the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 156, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number or	<input type="checkbox"/> Place Customer Number Bar Code Label here
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below	

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Lawrence C. Akers	28,587
Allen J. Spiegel	25,749	A. Dean Olson	31,185
Paul H. Ginsburg	28,718	Mervin E. Brokke	32,723
J. Trevor Lumb	28,567	Valerie M. Fedowich	33,688
James T. Jones	30,561	Bryan C. Zieliński	34,462
Gregg C. Benson	30,997	Robert T. Ronau	36,257
Robert F. Sheyka	31,304	B. Timothy Creagan	39,156
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Karen DeBenedictis	32,977	Jolene W. Appleman	35,428
Lorraine B. Ling	35,251	Kristina L. Konstas	37,864
Garth Butterfield	36,997	Seth H. Jacobs	32,140
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Israel Nisenbergs	27,582	Todd M. Crissey	37,807
Deborah A. Martin	44,222	Roy F. Waldron	42,208
A. David Jordan	37,858	Adrian G. Looney	41,406
Elsa Djiuardi	45,963	Jeffrey N. Myers	41,213
Gabriel L. Kleiman	40,681	Michelle A. Sherwood	36,271
Arlene K. Musser	37,895		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any)		Family Name or Surname		
Susan	Dobbs			
Inventor's Signature				Date
Residence: City	Sandwich, Kent	State	Country	UK
Post Office Address	c/o Pfizer Global Research and Development			
Post Office Address	Ramsgate Road, Sandwich, Kent, CT13 9NJ			
City	State	Zip	Country	

<b>DECLARATION</b>			<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>		
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<b>Name of Additional Joint Inventor, if any:</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) <input type="text"/> Family Name or Surname <input type="text"/>					
Manoussos <input type="text"/>			Perros <input type="text"/>		
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<b>City</b>	<input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip</b> <input type="text"/>	<b>Country</b> <input type="text"/>	
<b>Name of Additional Joint Inventor, if any:</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) <input type="text"/> Family Name or Surname <input type="text"/>					
Graham Anthony <input type="text"/>			Rickett <input type="text"/>		
<b>Inventor's Signature</b>				<b>Date</b> <input type="text"/>	
<b>Residence: City</b>	Sandwich, Kent <input type="text"/>	<b>State</b> <input type="text"/>	<b>Country</b> <input type="text"/>	<b>UK</b> <input type="text"/>	<b>Citizenship</b> <input type="text"/> Great Britain
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<b>City</b>	<input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip</b> <input type="text"/>	<b>Country</b> <input type="text"/>	
<b>Name of Additional Joint Inventor, if any:</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) <input type="text"/> Family Name or Surname <input type="text"/>					
<b>Inventor's Signature</b>				<b>Date</b> <input type="text"/>	
<b>Residence: City</b>	<input type="text"/>	<b>State</b> <input type="text"/>	<b>Country</b> <input type="text"/>	<b>Citizenship</b> <input type="text"/>	
<b>Post Office Address</b>					
<b>Post Office Address</b>					
<b>City</b>	<input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip</b> <input type="text"/>	<b>Country</b> <input type="text"/>	
<b>Name of Additional Joint Inventor, if any:</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) <input type="text"/> Family Name or Surname <input type="text"/>					
<b>Inventor's Signature</b>				<b>Date</b> <input type="text"/>	
<b>Residence: City</b>	<input type="text"/>	<b>State</b> <input type="text"/>	<b>Country</b> <input type="text"/>	<b>Citizenship</b> <input type="text"/>	
<b>Post Office Address</b>					
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<b>City</b>	<input type="text"/>	<b>State</b> <input type="text"/>	<b>Zip</b> <input type="text"/>	<b>Country</b> <input type="text"/>	